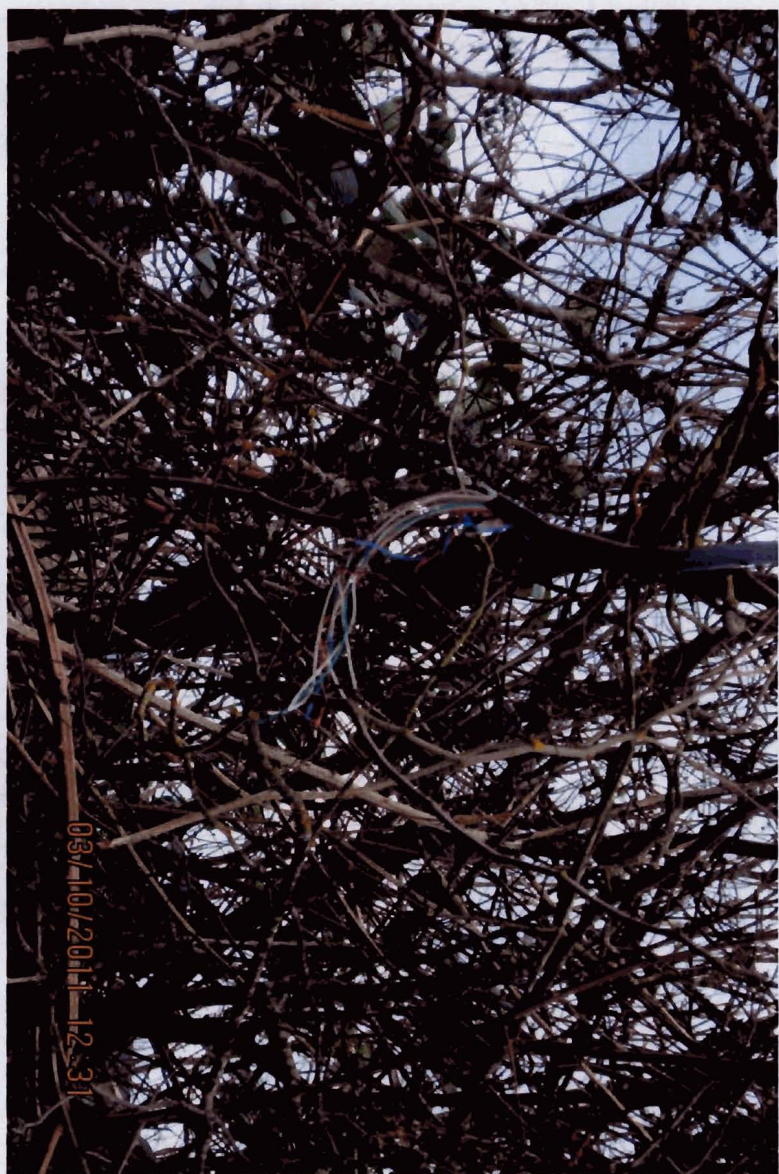


PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION
 (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department <u>Public Works - Road Ops</u>		Your Department's Risk Management BARS Code: <u>150.200.10200.54290</u> 46.0030	
Employee Completing Report	Employee Name <u>Brian Wade</u>		
	Division, Section, Etc. <u>Public Works Roads</u>		
	Work Address _____		Work Phone <u>798 6000</u>
Person Injured/Involved in the Accident or Incident	Name <u>Brian Wade</u>		Age _____
	Home Address _____		Home Phone _____
	Occupation <u>Heavy Equipment Operator</u>		
	Employed By: <u>Pierce County</u>		Work Phone <u>798 6000</u>
	What was the involved person doing at the time of accident or incident? <u>Brushcutting</u>		
Date, Time and Place	Date <u>3/10/11</u>		Time <u>11:00</u> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>
	Location <u>2700 192nd Ave E</u>		
The Injury	Nature and extent of injury _____		
	Where was injured taken after accident? _____		Name of Doctor _____
	Why was injured on premises? _____		
Property Damage or Theft of Property	Owner's Name <u>Quest</u>		Home Phone _____
	Address _____		
	List damage: <u>Damaged Phone line</u>		
	Police Case #: _____		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.) <u>Was brushcutting thick blackberries near telephone pole and caught unseen phone line with cutterhead. Pulled phone line of post and wrapped up in cutterhead.</u>		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #: _____		
	Describe 1st Aid: _____ PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Witnesses	Name <u>Michael Bergman</u>		Wk Phone <u>798 6000</u> Hm Phone _____
	Name _____		Address _____ Wk Phone _____ Hm Phone _____
	Date, location and badge # or name of police authority to whom incident was reported: _____		
Date	Signature of Employee <u>[Signature]</u>		Signature of Department or Agency Head <u>[Signature]</u>

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT
 955 Tacoma Avenue South, Suite 303
 Tacoma, WA 98402



2702 192nd ST E Under Hit Pitoma Line in DBerries

